



Utah Health Data Committee

Utah Health Data Plan Update (2005-2006, Revised)

**Office of Health Care Statistics
Center for Health Data
Utah Department of Health**

Salt Lake City, Utah
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Where ideas connect



**Utah
Department
of Health**

For more information, contact:

Utah Department of Health
Center for Health Data
Office of Health Care Statistics
PO Box 144004
Salt Lake City, UT 84114-4004
Phone: (801) 538-7048
Fax: (801) 538-9916
Email: healthcarestat@utah.gov
Web address: <http://health.utah.gov/hda>

The 2004 Biennial report is available online at:

<http://health.utah.gov/hda/Reports/biennial2004.pdf>

The Utah Health Data Plan Update, 2005-2006 (Revised) is available online at:

<http://health.utah.gov/hda/Reports/dataplanupdate2004.pdf>

The Health Data Committee (HDC) conducted a series of public meetings to develop its work plan for 2005-2006:

The first workshop was held on July 6, 2004 to solicit public input. Approximately 30 local leaders from the state legislature, healthcare industry, quality improvement organizations, trade associations, advocacy groups, and health-care related agencies, participated in the committee's planning. Clark B. Hinckley, HDC Chair, proposed the following questions to guide the planning process:

- What changes are taking place in health care?
- What changes *should* take place in health care?
- What changes in information will be required by changes in health care?
- What information will change health care?

At its October 2004 meeting, the HDC made seven recommendations for enhancing and improving HDC's work in 2005-2006. Besides carrying out specific new initiatives, the committee emphasized the following principles in all HDC's projects:

- "Close the loop" on existing projects before starting new projects
- Strengthen our collaboration with other organizations producing health data
- Work to become a clearinghouse for any existing healthcare monitoring information in the state of Utah

In January 2005, the HDC reviewed the proposed work plan included in the 2004 biennial report, discussed the possible impact of Senate Bill 132 Health Care Consumer Report on the Committee's work and decided to make some revisions.

The Office of Health Care Statistics followed the committee's guidelines and SB 132, consulted with partners and proposed the following seven additional or improvement projects:

HDC Priority Projects in 2005-2006

- Utah Consumer Healthcare Information e-Center (U-CHIC)
- Make performance transparent and health data "zing"
- Provide the "*Utah PSI-Online*" tool to hospitals
- Develop the Utah health plan pharmacy claims database
- Improve timely data release and electronic reporting
- Monitor the impact of health savings account (HSA)
- Support the Utah health care coverage initiative

The Utah Health Data Committee is committed to providing useful healthcare information for the people of Utah. As in the past, members and staff will use data to promote positive changes in health care that increase the well-being of all Utahns.

Background Information:

The Health Data Authority Act (§26-33a) was enacted in 1990 and established the Health Data Committee (HDC). The committee directs a statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care and to facilitate interaction among those with concern for health care issues.

HDC oversees the Office of Health Care Statistics (OHCS) to implement ten administrative rules and manage reported health data from 49 hospitals, 62 ambulatory surgical centers, 41 emergency departments, 5 commercial HMOs and 6 Medicaid or Children's Health Insurance Program-contracted health plans. HDC/OHCS has produced many publications and data products to meet the needs of health care providers, purchasers, payers, public programs, policy makers, patients and families in Utah since 1992.

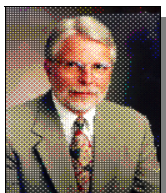
Mission Statement and Current HDC Members



Clark Hinckley, Chair
Large Business
Zions Bancorporation



Robert P. Huefner, Vice-Chair
Public Health
University of Utah



Kim Bateman
Physicians
DirectMD and HealthInsight



Leslie Frances
Public Health
University of Utah

MISSION STATEMENT

The mission of the Utah Health Data Committee is to support health improvement initiatives through the collection, analysis, and public release of health care information.

Through public-private collaboration, the Committee will participate in the development and implementation of a statewide health data reporting system capable of providing accurate and independently validated information in a timely way.

The committee will implement policies to transform data into objective baseline, trend, and performance measurement information which will be made available to all legitimate users without compromising patient privacy and confidentiality.

Adopted 1994, Amended 2002



Judy Ann Buffmire
Consumer Advocacy
Former Utah Legislator



Terry Haven
Consumer Advocacy
Utah Children



David Call
Third Party Payer
Deseret Mutual Benefit
Administrators



Annette Herman
HMO
United Healthcare of Utah



Ronald E. Casper
Small Business
NFIB UT Chapter



Gail McGuill
Nursing
Orem Community Hospital



Greg Poulsen
Hospital
Intermountain Health Care



Marilyn Tang
Business
Certified Handling Systems



Mark E. Towner
Public Interest
E Technology Consulting

HDC Members and Staff

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"Without the basic data collection...our ability to manage healthcare costs would flounder...to eliminate the general fund support [for the data] ...would be akin to buying a luxury automobile but trying to save money by eliminating the speedometer."

-Clark Hinckley, HDC Chairman
2002 Biennial Report, Utah Health Data Committee

Members whose term ended during the reporting period:



Andrew Bowler
Small Business
HR Advantages, Inc.
2000-2002



Scott Ideson
Third Party Payer
Regency BC/BS of Utah



Wen H. Kuo
Public Interest
University of Utah
1993-2002



Sandra L. Peck
Consumer Advocacy
League of Women's Voters

Executive Director's Office, Utah Department of Health

David Sundwall, M.D.	Executive Director
Richard Melton, PH. D.	Deputy Director
Allen Korhonen	Deputy Director
Barry Nangle, PH. D.	Director, Center for Health Data

Office of Health Care Statistics Staff

As of December, 2004:

Wu Xu	Director
Lori Brady	IT Programmer Analyst I
Keely Cofrin	HMO Report Program Manager
Paul Hougland	Physician Program Manager
Mike Martin	Research Consultant I
Carol Masheter	Information Analyst II
John Morgan	IT Programmer Analyst III
Steven Pickard	IT Programmer Analyst II
Janet Scarlet	Executive Secretary

Former Staff Who Contributed During the Reporting Period:

Heidi Bergvall	IT Programmer Analyst I
Chung-won Lee	Epidemiologist II
Rachele Simmering	Research Assistant II
Norman Thurston	Research Consultant III

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Introduction

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Legislative Requirements:

“The committee shall develop and adopt by rule, following public hearing and comments, a *health data plan* that ... identify the key health care issues, questions, and problems amenable to resolution or improvement through better data, more extensive or careful analysis, or improved dissemination of health data.”

Utah Code (26-33a-104(2))

The Office of Health Care Statistics followed the committee’s recommendations and guidelines consulted with partners, especially *HealthInsight*, and developed the following additional or improvement projects:

Utah Health Data Plans:

- The Health Data Plan, adoption date: December 6, 1991
- Utah Health Care Performance Measurement Plan, adoption date: July 1996
- Utah Pharmacy Data Plan, Version 1, adoption date: April 6, 2004

Health Data Plan Updates:

The committee is required to “*report biennially to the governor and the legislature on how the committee is meeting its responsibilities.*” (26-33a-104(2)(d)) This provides an opportunity for the committee to prioritize its efforts in the coming two years and set a strategic plan for the Office of Health Care Statistics to implement. Since its 2002 biennial report, the HDC began to include a section entitled “Health Data Plan Update” in the biennial report. Public input on the biennial updates of the health data plans were solicited. The committee adopted the biennial updates after all public comments are reviewed and considered.

- Health Data Plan Update 2003-2004, submitted with the HDC 2002 Biennial Report
- Health Data Plan Update 2005-2006, submitted with the HDC 2004 Biennial Report
- Health Data Plan Update (Revised) 2005—2006, see following pages



1. Utah Consumer Healthcare Information e-Center (U-CHIC)

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Project Description:

Utah Senate Bill 132 (SB 132 – see bill text Appendix I) titled “Health Care Consumer’s Report,” passed by the 2005 Utah Legislature, requires the Health Data Committee (HDC) to annually report health facility performance for consumers. The public consumer reports shall use nationally recognized quality and patient safety standards and facility charges for diseases or conditions. The Utah Department of Health Executive Director’s Office also decided “to publish consumer-targeted health facility and health plan performance data” as one of the ten health priorities of the administration. SB 132 directs the HDC to prioritize healthcare information services for individual and family consumers. This is consistent with the HDC’s goal of becoming a clearinghouse for any existing healthcare monitoring information concerning the State of Utah.

The HDC has developed a partnership with *HealthInsight* and the Office of Public Health Assessment to develop a public web portal currently named Utah Consumer Healthcare Information e-Center

(*U-CHIC*). This consumer-driven tool is intended to serve as a healthcare information clearinghouse for the general public including patients, families, providers, purchasers, program managers and policy makers. Moreover, *U-CHIC* will provide easy access to sentinel healthcare indicators pertaining to quality, access, and cost. Utah residents will benefit from enhanced state-wide monitoring of healthcare performance, health outcomes, and the healthcare market itself throughout the state.

Initially, *U-CHIC* will publish hospital-level quality and patient safety indicators based on nationally recognized methods developed by the Agency for Healthcare Research and Quality (AHRQ). Next, the HDC will synthesize the enormous amount of information collected by the Committee in the past 12 years into a meaningful and integrated tracking tool. Subsequently, this tool could be expanded to include additional indicators endorsed by the National Quality Forum and/or other nationally recognized standards.

Benefit to the Public:

Over the past few years, consumer-driven healthcare has been promoted by a number of groups including consumer advocates, national business/healthcare purchaser communities and quality improvement organizations. Many of these groups advocate transparency of medical providers’ performance and propose to use incentives as a way of rewarding superior performance by providers. Standardized, comparable, and publicly reported performance measures will be key indicators to support the above efforts. *U-CHIC* will be designed to serve these needs in Utah.

Tasks and Time Line:

- Analyze hospital-level quality and patient safety information using AHRQ-developed Inpatient Quality Indicators and Patient Safety Indicators including charges for three topic-specific public reports in a PDF format (2005)
- Publicly release the reports following a formal public-input process (July 2005 – June 2006)
- Raise funds to develop *U-CHIC* (ongoing)
- Design the web portal’s framework, content, and technical architecture (2005)
- Incrementally implement the web portal design based on available resources (ongoing)
- Fully develop the web portal after receiving adequate funding

1. Utah Consumer Healthcare Information e-Center (U-CHIC)

Key Participating Organizations:

- *HealthInsight*
- Utah Office of Public Health Assessment, the Indicator-Based Information System for Public Health (IBIS-PH) Project
- Executive Director's Office, Utah Department of Health
- Federal Agency for Healthcare Research and Quality (AHRQ); Healthcare Cost and Utilization Project (HCUP)

Required Resources and Funding Sources:

When the Utah Senate Health and Human Services Committee discussed SB 132 during the 2005 legislative session, representatives from Intermountain Health Care (IHC) and *HealthInsight* made public comments proposing that the Legislature designate funds for the HDC to meet the mandate of producing user-friendly consumer reports. Though no additional funds were appropriated for this project in 2005, the UDOH Executive Director's Office has committed to seek funding for this project when possible.

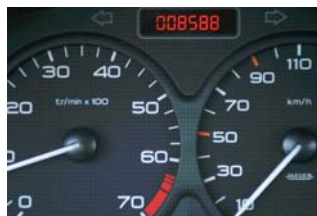
Under the current limited funding, the Office of Health Care Statistics (OHCS) will allocate \$10,000 - \$20,000 from data sales revenue to cover initial web programming costs while utilizing existing personnel to develop the reports in a PDF format.

HealthInsight will serve as a facilitator to organize consulting panels and solicit public input for **U-CHIC** and related activities. *HealthInsight* will make in-kind contributions to provide meeting places as well as staff support. *HealthInsight* will also assist the OHCS in soliciting support from various organizations to help recover development costs associated with **U-CHIC**.

The Office of Public Health Assessment will share its expertise and available resources to integrate **U-CHIC** into the current IBIS-PH system. The IBIS-PH advisory committee will provide consultation to the project as well.

Measurable Outcomes:

- Publish healthcare indicators and charge comparisons of Utah health facilities on the web
- Add new indicators to the web portal after funding is available
- Monitor number of visits to the web portal
- Ensure readability of consumer publications at the 6th to 8th grade level



2. Make Performance Transparent and Consumer Report “Zinger”

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Project Description:

The Health Data Committee believes that increased marketing of its publications will enhance data use by consumers. The committee has decided to publish consumer-directed “zinger” reports that will make a positive difference in Utah’s health care and also demonstrate the power of data.

An HDC sub-committee has defined a “zinger” report as being newsworthy in order to attract public media. The reports will aim to empower Utah families to make informed decisions about their health care while promoting best practices, encouraging prevention and leading to possible helpful interventions.

A series of “zinger” reports will parallel development of the *U-CHIC* tool (see Project 1). *U-CHIC* will also serve as a marketing device for the on-going consumer reports. These reports will be disseminated to the public through print and broadcast media as well as other conventional mechanisms. The targeted audiences for the “zinger” report are citizens (including patients and families) who watch television and read newspapers. Secondary audiences include health care providers, purchasers, payers, and public policy makers.

Benefit to the Public:

Annually, the Health Data Committee publishes three detailed standard data reports (500-600 pages each) and several special-topic reports. Facility-level (hospitals and free-standing ambulatory surgery centers) information has been reported in the standard reports. However, the general public and health care professionals are generally not aware of these publications nor do they use their information. With help from expert panels and the media, “zinger” reports (8 to 12 pages each) will provide useful and understandable information to a broad audience and help users utilize the data to take action.

Project Process and Time Line:

1. Select “zinger” information and topic (three months)
2. Produce the “actionable” report (three months)
3. Make the report “visible” and “zinging” to targeted audiences (two months)
4. Evaluate the report’s impact (three-four months)

Key Participating Organizations:

- Health Data Committee Zinger Report sub-committee
- *HealthInsight*
- UHA, Utah Hospital and Health System Association
- Utah Medical Association and Physician Specialty Societies
- Local media

2. Make Performance Transparent and Health Data “Zing”

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Required Resources and Funding Sources:

- The Office of Health Care Statistics will use existing resources to produce the reports.
- HDC sub-committee members will make in-kind contributions to oversee the project.
- HealthInsight will serve as a facilitator to
 - Organize sense-making sessions for properly selecting and reviewing performance measures for the zinger report
 - Work with media to disseminate the “zinger” report
 - Assist hospitals when implementing possible improvements

Measurable Outcomes:

- Establish a process to identify “zinger” information from HDC data and the Utah Consumer Healthcare Information Center (*U-CHIC*)
- Publish at least one “zinger” report per year
- Support partners and other health service researchers to conduct further in-depth studies on other “zinging” topics
- Ensure readability of consumer publications is at the 6th to 8th grade level



3. Provide the “*Utah PSI-Online*” Tool to Hospitals

Project Description:

The Office of Health Care Statistics and Research Triangle Institute (RTI) International Inc., with funding from the AHRQ, collaboratively developed a secure Web query tool, the *Utah PSI-Online*, based on the AHRQ Patient Safety Indicators and Utah Adverse Drug Event ICD-9-CM classifications. This secure tool uses the Health Data Committee’s data and allows hospital personnel to directly analyze patient safety indicators within and across hospitals, and drill-down to patient-level records to inspect potential adverse events that occurred during a hospital stay. A *beta* version of the tool has been tested and reviewed by Utah hospital quality professionals and focus groups. In 2005-2006, the Committee will recruit all Utah hospitals to use this tool for patient safety improvement. Updates and modifications of the tool will be made as well.

Screen shot of PSI-Online tool

Benefit to the Public:

In August 2004, the focus group facilitator from RTI International concluded that overall, all test users agreed that the tool was easy to use, had lots of good choices, and had a nice layout. According to one user, “The most saving grace of it [this tool] is that a lot of us downloaded that information from AHRQ, and it is extremely cumbersome. That’s why I am so thrilled with this.” Users were eager to learn about the availability of the final product, requesting that UDOH staff inform them as soon as the tool becomes available. In addition to positive feedback, participants suggested a number of creative improvements for data display and tool functionality that would better meet their needs (Minutes, Focus Group Evaluation, August 25, 2004).

In the past, OHCS staff has mailed paper copies containing information on adverse events detected in administrative data to selected hospital personnel across Utah. Subsequently hospitals made customized requests for patient-level information; OHCS staff manually produced and mailed this information to the applicable hospitals. Using the PSI-Online, hospital staff will have quicker and more flexible access to their patient safety data and customized reports.

Project Tasks and Time Line:

2005: Statewide Implementation. The Utah patient safety web tool will be rolled out to all hospitals in Utah. Targeted users include hospital administrators, patient safety personnel, quality improvement, or risk management programs, and other authorized patient safety programs. Adequate user support materials will be provided through user training, newsletters and the Utah Patient Safety Initiatives web site. When the most current patient data becomes available, OHCS will punctually update the query data sets as well as provide on-going training and user support.

2005-2006: Special Support to Rural Hospitals. *HealthInsight* has proposed to provide analytical support to one or more rural hospitals using the Utah PSI-Online tool. Participating hospital(s) will authorize *HealthInsight* to access their hospital data. *HealthInsight* will consult with the rural hospital(s) and use their administrative data to detect adverse events related to patient care.

3. Provide the “*Utah PSI-Online*” Tool to Hospitals

2006: Modification and Upgrade. The OHCS will solicit user input concerning tool performance, user support, and desired new features. OHCS will ensure adequate user support and upgrade the tool if resources become available.

Key Participating Organizations:

- All hospitals in Utah
- *HealthInsight*
- UHA, Utah Hospitals and Health Systems Association - Sentinel Event and Adverse Drug Event User Groups
- Veterans Administration Medical Center, Salt Lake City, UT – IDEAS Center
- Utah Department of Health Patient Safety Coordinator
- Utah Patient Safety Steering Committee
- RTI International, Inc.

Required Resources and Funding Sources:

An AHRQ Task Order to RTI International, September 2003 - September 2004, funded development of this patient safety tool. The 2001-2004 AHRQ patient safety research grant (HS11885) has been extended to August 31, 2005, with no additional funding. There are no designated, external new funds for this project in 2005-2006.

Current OHCS staff will be responsible for tasks related to implementation and user support. This in-kind resource will assure the sustainability of the Utah PSI-Online system. However, it will limit system expansions.

Measurable Outcomes:

- Each participating hospital uses the tool at least once per quarter to review their respective patient safety indicator rates and to detect potential adverse event cases
- Users are satisfied with system performance and user support, as measured by feedback from focus groups and/or key informant interviews

Potential of the Project:

This tool can be expanded to include more patient safety indicators and additional data sources. Since the tool is being developed using federal funds, its technology is also available for adoption by interested public organizations. Veterans Administration Medical Center, Salt Lake City, UT expressed interest in adapting the technology. The OHCS will continuously work with potential partners to enhance the system for Utah’s health care providers.

4. Utah Health Plan Pharmacy Claims Database

Initiative Description:

Since the Utah Health Data Committee (HDC) approved the Utah Pharmacy Data Plan in April 2004, the Office of Health Care Statistics began to implement the first phase of the Plan. The objectives of the plan are to develop a statewide health plan pharmacy claim database and publish the first statewide report monitoring ten prescription drug utilization indicators (for more information see the section on “Completed Project: Utah Pharmacy Data Plan). Altius Health Plans, Public Employees Health Plans, IHC Health Plans, Regence BlueCross/BlueShield of Utah, and Utah Medicaid Programs are voluntary participants in the project. Seven public health programs in the Utah Department sponsor the project. The HDC appointed an eleven-member Health Plan Pharmacy Database Oversight Committee (HPPDOC) to guide this project. A Method Advisory Group for HPPDOC has also been commissioned to provide scientific/clinical input and validate the methodology used to report each indicator.

Benefit to Public Health:

In recent years, federal and state officials have devoted considerable attention to the rising cost of prescription drugs in managed care organizations and the Medicaid program. Expenditures have grown at double-digit rates over the past decade despite policies intended to reduce the per-unit cost and to ensure appropriate levels of utilization. The results of the new database and report will help Medicaid, participating health plans, and health promotion programs to develop effective policies ensuring that 1) the growth in overall expenditures on prescription drugs provides maximum possible value to beneficiaries and 2) major prescription drug classes are being utilized as best as possible to treat targeted diseases.

Project Tasks and Time Line:

2005:

- January to June: Create the health plans pharmacy claims database (using calendar year 2003 data) and produce the four deliverables listed in the section of Measurable Outcomes
- July to December: Evaluate performance and achievements of implementing the Utah Pharmacy Data Plan and plan for Phase II

2006:

- Carry out the work plan developed in 2005

Key Participating Organizations:

- Altius Health Plans
- Deseret Mutual Benefit Administrators
- The Health Plan Pharmacy Database Oversight Committee (HPPDOC), representing 11 organizations
- IHC Health Plans
- The Method Advisory Group for HPPDOC, including physicians, pharmacists and pharmaceutical researchers
- Public Employees Health Plans
- Regence BlueCross/BlueShield of Utah

4. Utah Health Plan Pharmacy Claims Database

Key Participating Organizations (continued):

- Utah Asthma Program
- Utah Child, Adolescent and School Health Program
- Utah Controlled Substance Database Program
- Utah Diabetes Prevention and Control Program
- Utah Epidemiologic Surveillance Program
- Utah Division of Health Care Finance
- Utah Heart Disease and Stroke Prevention Program
- Utah Reproductive Health Program
- Utah Violence and Injury Prevention Program



Required Resources and Funding Sources:

This is a user-funded project. Participating health plans - the statewide data set users - donate their own organizational data. Public health programs, end users of the specific indicators, will contribute or have contributed funds to cover personnel cost of data management and report production. Researchers donate their expertise in designing public surveillance methods. The Health Data Committee provides guidance in management policy and planning.

Funds totaling \$27,500 were raised from the indicator users/programs in the State Fiscal Year 2004. The Office of Health Care Statistics will continue to use the same fund-raising formula - \$5,000 per indicator to coordinate resources for this project in 2005-2006.

Measurable Outcomes:

- Produce the first statewide report on Utah prescription utilization indicators within 90 working days of receiving the data from all participating health plans
- Provide each participating health plan a de-identified statewide pharmacy claims data set
- Provide each participating health plan a plan-specific report
- Assure the confidentiality of data contributors in all public releases

Potential of the Project:

If the proposed indicator report proves meaningful and useful, Utah will become the first state in the nation to use pharmacy claim data for public health surveillance. This will enhance Utah's epidemiologic capacity, better monitor prescription drug uses, better patient/provider education and also provide a model for other states. Furthermore, this project's database adopts national standards of pharmacy data. The health plan pharmacy claim database could be expanded to include the same type of pharmacy data but from different sources such as pharmacies in the future.

5. Timely Data Release and Electronic Reporting

Project Description:

Data users frequently identify “timely release” as their primary need from the Health Data Committee. During 2003-2004, the Office of Health Care Statistics (OHCS) released the 2001-2003 data sets earlier than in 2001-2002. OHCS has now established two new goals for improving timeliness in 2005-2006. They are:

- Release public-use data sets within 365 days of the deadline of data submission
- Provide hospitals statewide inpatient semi-annual data for review

Furthermore, OHCS will complete the current electronic reporting “X12” project with 3 rural hospitals that were used for the pilot project. These hospitals will be able to submit data promptly using the national standard format (X12) through authorized electronic clearinghouses, for example, Utah Health Information Network (UHIN).

Benefit to the Public:

Major barriers for timely statewide release include (1) some hospitals are unable to submit their data on time, and (2) some hospitals still submit data on paper or in a non-standard format. As a result, OHCS is unable to timely process statewide data sets and also requires additional time to process non-standard data.

The “X12” project will help hospitals to solve the above problems while saving time and resources in data management for OHCS as well. Timely health care information can significantly improve market monitoring and disease surveillance for health care providers, public health professionals, and epidemiologists.

Tasks and Time Line:

- To provide semi-annual inpatient data to data suppliers by March 31
- To release annual public-use inpatient discharge data by August 15
- To release annual public-use ambulatory surgery data by November 30
- To release annual emergency department encounter data by December 31
- To release standard reports on inpatient and ambulatory surgery data within 30 days of publishing the public-use data sets
- To enable 3 small hospitals to submit data using X12 format in 2005
- To enable 3 small hospitals to submit data using X12 format in 2006

5. Timely Data Release and Electronic Reporting

Key Partners:

- Beaver Valley Hospital
- Cache Valley Specialty Hospital
- Gunnison Valley Hospital
- The HDC System Technical Advisory Committee
- IT vendors for hospitals and FASCs
- Utah Health Information Network (UHN)
- UHA, Utah Hospitals and Health Systems Association

Required Resources and Funding Sources:

- The OHCS will allocate \$9,000 of data sales revenue in SFY2005 to cover IT costs of participating hospitals for the X12 project
- The OHCS will allocate adequate staff support in timely data release and improve the management and efficiency

Measurable Outcomes:

- Data are released by the planned dates
- Three hospitals begin to submit the data in the standard electronic form in 2005/2006



6. Monitor Impact of Health Savings Account (HSA)

Project Description:

In recent years, commercial and employer-sponsored health insurance plans have begun to offer various high-deductible benefit packages in combination with individual/family health saving accounts. The Health Data Committee (HDC) expressed concerns about the potential failure to obtain necessary preventive and primary care among the HSA insured population in early 2005. Therefore, the HDC decided to monitor the impact of health saving accounts with high-deductible coverage on health status and care utilization among the privately-insured population. Utah Office of Public Health Assessment has agreed to be the lead agency to incorporate questions about this type of coverage (HSA questions) into its ongoing Utah Household Health Status Survey.

Benefit to the Public:

The survey findings will provide the Utah Legislature, Utah Department of Health (UDOH), and Utah Department of Insurance the following policy-relevant information:

- Estimates of HSA coverage in Utah
- Preventive and primary care utilization patterns for comparison between HSA and non-HSA populations
- Health status for comparison between HSA and non-HSA populations

Tasks and Time Line:

- Plan and design the HSA questions (May-June, 2005)
- Programming and field testing (July-October, 2005)
- Finalize the HSA survey protocol and training (November-December, 2005)
- Conduct the survey (January 1 to December 31, 2006)
- Preliminary report on survey findings (April 15, 2007)

Key Partner:

- The Office of Public Health Assessment (OPHA), UDOH

Required Resources and Funding Sources:

The Office of Public Health Assessment will make in-kind contribution of staff time of \$5,000 for development of the survey measures. Data collection cost is estimated at an additional \$5,000. OPHA will design the HSA-related questions and add them to the ongoing Utah Household Health Status Survey, conduct the interviews, and tabulate the survey results. HDC staff members will jointly develop a public report with OPHA.

Measurable Outcomes:

- To publish a public report on the findings of assessment of HSA's
- To make actionable recommendations for health policy makers to assure the HSA insured population in Utah having appropriate preventive and primary care.

7. Support the Utah Health Care Coverage Initiative

Initiative Description:

Dr. David N. Sundwall, Executive Director for Utah Department of Health (UDOH), has announced that one of the health priorities by newly-elected Governor Jon Huntsman is to expand health insurance coverage for all Utah citizens. Shortly after Governor Huntsman's inauguration, executive officials from UDOH, Department of Insurance, and the Scott M. Matheson Health Policy Center, University of Utah, began working together to formulate an infrastructure for the Utah Health Insurance Coverage Initiative. The next step will be to hold a statewide summit on May 3, 2005. Led by the State of Utah and community partners, the summit will establish the Initiative's vision, leadership, scope and major strategies for the coming years.

Benefit to the Public:

Though Utah has a relatively low uninsured rate compared to national average, approximately 9% to 13% of Utah residents do not have health insurance coverage. Due to a lack of health care coverage, uninsured Utahns are prone to delay or simply not seek needed primary and preventive care. Emergency departments or hospitals are more likely to be places for the uninsured to seek health care. As a result, individual and community health has been negatively impacted thereby destabilizing the health care system as a whole.

Tasks and Time Line:

- Present to May 3, 2005: Actively participate in preparing for the 1st Utah Summit on Health Insurance Coverage
- May 2005 - September 2005: Successfully conduct the 2nd Primary Care Network enrollees' follow up health assessments and produce an evaluation report
- May 2005 – December 2005: Actively participate in planning the expansion of health insurance coverage as directed by the Summit

Key Partners:

- Executive Director's Office, UDOH
- Center for Health Data, UDOH
- Division of Health Care Financing, UDOH
- The Scott M. Matheson Health Policy Center, University of Utah

Required Resources and Funding Sources:

Utah Health Data Committee staff members will make analytical contributions to the initiative planning. The staff time funding sources will be partially from the contract with the Division of Health Care Financing and partially from available state general funds.

Measurable Outcomes:

- Complete the initiative planning tasks as assigned by the UDOH Executive Director's Office,
- Incorporate "lessons learned" from PCN outcome evaluations into the program design for new coverage expansion.

Senate Bill 132

S.B. 132 Enrolled

HEALTH CARE CONSUMER'S REPORT

GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Allen M. Christensen

House Sponsor: Kerry W. Gibson

LONG TITLE

General Description:

This bill amends the Utah Health Data Authority Act to require annual reports of comparisons between health care facilities based on certain designated quality, safety, and cost factors.

Highlighted Provisions:

This bill:

- requires the Health Data Authority to publish reports at least annually that compare and identify health care facilities;
- requires the Health Data Authority to publish the data in a form that is easily accessible to the public; and
- requires the reports comparing health care facilities to be based on several designated factors.

Monies Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-33a-106.5, as last amended by Chapter 53, Laws of Utah 2001

Senate Bill 132

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-33a-106.5** is amended to read:

26-33a-106.5. Comparative analyses.

(1) The committee may publish compilations or reports that compare and identify health care providers or data suppliers from the data it collects under this chapter or from any other source.

(2) (a) The committee shall publish compilations or reports from the data it collects under this chapter or from any other source which:

(i) contain the information described in Subsection (2)(b); and

(ii) compare and identify by name at least a majority of the health care facilities and institutions in the state.

(b) The report required by this Subsection (2) shall:

(i) be published at least annually; and

(ii) contain comparisons based on at least the following factors:

(A) nationally recognized quality standards;

(B) charges; and

(C) nationally recognized patient safety standards.

[(2)] (3) The committee [shall] may contract with a private, independent analyst to evaluate the standard comparative reports of the committee that identify, compare, or rank the performance of data suppliers by name. The evaluation shall include a validation of statistical methodologies, limitations, appropriateness of use, and comparisons using standard health services research practice. The analyst must be experienced in analyzing large databases from multiple data suppliers and in evaluating health care issues of cost, quality, and access. The results of the analyst's evaluation must be released to the public before the standard Comparative analysis upon which it is based may be published by the committee.

[(3)] (4) The committee shall adopt by rule a timetable for the collection and analysis of data from multiple types of data suppliers.

(5) The comparative analysis required under Subsection (2) shall be available free of charge and easily accessible to the public.